

**TROY BOROUGH COUNCIL**  
**MEETING MINUTES**  
**July 25, 2024**

07/25/24

3:30 pm

TROY SALE BARN 50 BALLARD ST.

Call to Order: Jason Hodlofski, President

Flag Salute

**1. Minutes Approval**

- The June 27, 2024 meeting minutes were approved by a unanimous voice vote following a motion to approve by John Raub seconded by Steve Lambert.

**2. Paid Bills 03/28/24 – 04/23/24**

The paid bills were approved (ledger attached) by unanimous voice vote following a motion by Dave Blair seconded by John Raub.

- General ledger \$ 84,414.20
- HWY AID \$ 1,069.18

**3. President / Managers Report**

General Government

- East Main Street Paving Project

It was reported that the notice of award had been sent to the successful bidder, Glen O. Hawbaker Inc. and a signed copy of receipt returned. The notice to proceed has not been sent because the required payment and performance bonds have not yet been received by the Borough.

- Zero-Turn mower purchase / Massey Ferguson

Motion by Timothy Bruce allocating up to \$6,400.00 for the purchase of a Zero-Turn mower with the allocation to come from General, Water and Sewer budgets in equal parts. The motion was seconded by Steve Lambert and passed by unanimous voice vote.

John Raub made a motion to sell the Boroughs Massey Ferguson by advertising for bids. Steve Lambert seconded the motion. The motion passed by unanimous voice vote.

- PPO / HMO Highmark Medical Plans

The Manager reported that the Borough currently carries both a PPO and HMO health plan through the Benecon Consortium. All employees are in the HMO plan. No employees have been in the PPO plan for several years. Benecon has asked if they can terminate the PPO Plan. Steve Lambert made a motion to terminate the plan. The motion was seconded by John Raub and passed by unanimous voice vote.

- PD Committee MTG

After a brief Executive session to discuss a candidate who applied for a part time position as a patrolman council reconvened. Timothy Bruce made a motion to hire Kyle Wisel as a part time patrolman to work as needed, but not on a regular schedule. The motion was seconded by John Raub and passed by a unanimous voice vote.

- Grass Clippings Street Ordinance

Council agreed by unanimous consent that the Manager should move forward to develop an ordinance making it a violation to blow grass clippings onto streets in the Borough.

Sewer Dept.

- WWTP Expansion Bids / Penn-Bid

It was reported to Council that the expansion project for the Waste Water Treatment Plant will be bid on Penn-Bid for a second time as no bids were received in the first round.

- Sewer Line Replacement

It was reported to Council that the sewer line replacement from the manhole on Exchange Street to the manhole west in the Funeral home parking lot has been completed.

- 3<sup>rd</sup> QTR PFAS testing scheduled week of August 5<sup>th</sup>

Pace Laboratory has been engaged to conduct 3<sup>rd</sup> QTR PFAS testing.

Water Dept.

- Plant Floor Project

The floor project is 90% completed. The motorized vent to complete the chlorine exhaust is two weeks out. Once it arrives the project will be completed

- SCADA System

The communication system between the 500,000-gallon tank and the pumps has failed 2 times in the last 2 months. When this happens, our operators have to come in every 4 hours to switch pumps on and off. The fix will be a low frequency signal device that has increased power. Cost of the system along with cost of licensing and labor would be around \$5,000.00. John Raub made a motion to go ahead with the project. Steve Lamber seconded the motion. The motion passed by unanimous voice vote.

- Power loss water system

- Generator - Purchase/Rent

The Manager gave a brief explanation of what happened to the water system when power was out recently for 3 days. The need to quickly hook up a generator was discussed. The Manager is waiting for a price quote to set up 2 transfer switches. One at the pump house and one at the well site. Steve Lambert made a motion to let the Manager use his discretion regarding the cost and extent of the project. The motion was seconded by Dave Blair. It was noted that there was a possibility of a generator being donated. Council will hold off on a generator decision to own or lease until after they know for sure about the possible donation.

Respectfully Submitted

Daniel J. Close  
Manager/CAO

**TROY BOROUGH**  
**Bank Account Register**

GENERAL FUND CHECKING

June 28, 2024 - July 23, 2024

Date	Reference	Payee ID	Description	Checks/ Payments
06/28/24	23679	BLEE	BOB LEE - YARD REPAIRS FROM DIG	1,485.00
06/28/24	23680	ONEAM	AMERICAN UNITED LIFE INS. CO.	256.24
06/28/24	23681	DAI	THE DAILY REVIEW	40.90
06/28/24	23682	LRM	LRM, INC.	1,075.00
06/28/24	23683	LINE	LINES BY L&L, LLC	4,566.00
06/28/24	23684	LAR	LARSON DESIGN GROUP, INC.	2,100.00
07/02/24	23685	UNI	UNIFIRST CORPORATION	52.47
07/02/24	23686	HEA	HOME CLEAN HOME	150.00
07/02/24	23687	SCT	SCT COMPUTERS	419.80
07/02/24	23688	VER	VERIZON WIRELESS	169.25
07/02/24	23689	LON	LONG COMMUNICATIONS INC	237.50
07/02/24	23690	SBI	SNYDER BROTHERS INC.	134.14
07/02/24	23691	DWP	DON WHITE PAYROLL SERVICES	7,062.26
07/02/24	23692	DWP	DON WHITE PAYROLL SERVICES	7,073.71
07/02/24	23693	GPU	PENELEC	1,205.42
07/11/24	23694	RCS	R.C. STAHLNECKER CO.	11,622.00
07/11/24	23695	DANDY	DANDY MINI MARTS, INC.	496.62
07/11/24	23696		UNITED STATES TREASURY	25.76
07/11/24	23697	GPU	PENELEC	91.70
07/11/24	23698	GPU	PENELEC	24.46
07/11/24	23699	GPU	PENELEC	34.11
07/11/24	23700	GPU	PENELEC	1,333.87
07/11/24	23701	GPU	PENELEC	1,383.55
07/11/24	23702	GPU	PENELEC	206.30
07/11/24	23703	GPU	PENELEC	46.56
07/11/24	23704	EMP	EMPIRE ACCESS	79.38
07/11/24	23705	EMP	EMPIRE ACCESS	39.38
07/11/24	23706	SCT	SCT COMPUTERS	135.00
07/11/24	23707	WAR	WARNER TRACTOR & EQUIPMENT, INC.	92.83
07/11/24	23708	BEN	PENNSYLVANIA MUNIC. HEALTH INS. COOP	8,820.84
07/11/24	23709		SCHAEFFER MFG CO	786.40
07/11/24	23710	UNI	UNIFIRST CORPORATION	52.47
07/11/24	23711	UGI	UGI UTILITIES, INC	56.00
07/11/24	23712	UGI	UGI UTILITIES, INC	42.11
07/11/24	23713	UGI	UGI UTILITIES, INC	28.72
07/11/24	23714	FAIR	PACE ANALYTICAL SERVICES, LLC	790.40
07/11/24	23715	DWP	DON WHITE PAYROLL SERVICES	7,207.93
07/11/24	23716	FRO	FRONTIER COMMUNICATIONS	150.58
07/18/24	23717	SOE	SWIFT OFFICE EQUIPMENT, INC.	50.00
07/18/24	23718	DAI	THE DAILY REVIEW	40.90
07/18/24	23719	GPU	PENELEC	2,167.56
07/18/24	23720	UNI	UNIFIRST CORPORATION	52.47
07/18/24	23721		STEPHEN J RENZI MEDICAL PC-CDL PHYS.	100.00
07/18/24	23722	STIF	STIFFLER, MCGRAW & ASSOCIATES, INC.	6,556.89
07/18/24	23723	STIF	STIFFLER, MCGRAW & ASSOCIATES, INC.	6,884.29
07/18/24	23724	DWP	DON WHITE PAYROLL SERVICES	8,078.99
07/18/24	23725	FAIR	PACE ANALYTICAL SERVICES, LLC	652.20
07/18/24	23726	ONEAM	AMERICAN UNITED LIFE INS. CO.	256.24
			<b>Totals</b>	<b>84,414.20</b>

**TROY BOROUGH**  
**Bank Account Register**

HIGHWAY AID CHECKING

June 28, 2024 - July 23, 2024

<b>Date</b>	<b>Reference</b>	<b>Payee ID</b>	<b>Description</b>	<b>Checks/ Payments</b>
			Beginning Balance	
07/02/24	1243	AND	S. ANDRULONIS ENTERPRISES, LLC	1,069.18
				<b>Totals</b>
				1,069.18

Transaction count = 2



## PMIC Borough of Troy – BlueCare HMO

Client 220272; Group 10207520

On the chart below, you'll see what your plan pays for specific services. You are responsible for paying for non-emergency services received from an out-of-network provider. You may be responsible for a facility fee, clinic charge or similar fee or charge (in addition to any professional fees) if your office visit or service is provided at a location that qualifies as a hospital department or a satellite building of a hospital.

<b>Benefit</b>		<b>In Network</b>
<b>General Provisions</b>		
Effective Date	January 1, 2024– December 31, 2024	
Benefit Period (1)	Calendar Year	
Deductible (per benefit period)		
Individual	None	
Family	None	
Plan Pays – payment based on the plan allowance	100%	
Out-of-Pocket Limit (Includes coinsurance. Once met, plan pays 100% coinsurance for the rest of the benefit period)		
Individual	None	
Family	None	
Total Maximum Out-of-Pocket (Includes deductible, coinsurance, copays, prescription drug cost sharing and other qualified medical expenses, Network only) (2) Once met, the plan pays 100% of covered services for the rest of the benefit period.		
Individual	\$9,450	
Family	\$18,900	
<b>Office/Clinic/Urgent Care Visits</b>		
Retail Clinic Visits & Virtual Visits	100% after \$10 copay	
Primary Care Provider Office Visits & Virtual Visits	100% after \$10 copay	
Specialist Office Visits & Virtual Visits	100% after \$10 copay	
Virtual Visit Provider Originating Site Fee	100%	
Urgent Care Center Visits	100% after \$10 copay	
Telemedicine Services (3)	not covered	
<b>Preventive Care (4)</b>		
Routine Adult		
Physical Exams	100%	
Adult Immunizations	100%	
Routine Gynecological Exams, including a Pap Test	100%	
Mammograms, Annual Routine	100%	
Mammograms, Medically Necessary	100%	
Diagnostic Services and Procedures	100%	
Routine Pediatric		
Physical Exams	100%	
Pediatric Immunizations	100%	
Diagnostic Services and Procedures	100%	
<b>Emergency Services</b>		
Emergency Room Services (5)	100% after \$35 copay (waived if admitted)	
Ambulance – Emergency (6)	100% - emergencies (land transport)	
Ambulance - Non-Emergency (6)	100% after \$250 copay – air, water and/or train transport	
	100% after \$50 copay (land transport)	
<b>Hospital and Medical / Surgical Expenses (including maternity)</b>		
Hospital Inpatient	100%	
Hospital Outpatient	100%	
Maternity (non-preventive facility & professional services) including dependent daughter	100%	
Medical Care (including inpatient visits and consultations)/Surgical Expenses	100%	
<b>Therapy and Rehabilitation Services</b>		
Physical Medicine	100% after \$10 copay	

Benefit	In Network
Respiratory Therapy	limit: 45 visits/benefit period aggregate with speech & occupational therapy <b>Limit does not apply when Therapy Services are prescribed for the treatment of Mental Health or Substance Use Disorder</b> 100% limit: 18 visits/benefit period
Speech Therapy	100% after \$10 copay limit: 45 visits/therapy/benefit period aggregate with physical medicine and occupational therapy <b>Limit does not apply when Therapy Services are prescribed for the treatment of Mental Health or Substance Use Disorder</b>
Occupational Therapy	100% after \$10 copay limit: 45 visits/therapy/benefit period aggregate with physical medicine & speech therapy <b>Limit does not apply when Therapy Services are prescribed for the treatment of Mental Health or Substance Use Disorder</b>
Spinal Manipulations	100% after \$10 copay limit: 12 visits/benefit period/no age limit
Cardiac Rehabilitation Therapy	100% limit: 36 visits/benefit period
Infusion Therapy	100%
Chemotherapy	100%
Radiation Therapy	100%
Dialysis	100%
<b>Mental Health / Substance Abuse</b>	
Inpatient Mental Health Services	100% unlimited
Inpatient Substance Abuse Detoxification	100% unlimited
Inpatient Substance Abuse Rehabilitation	100% unlimited
Outpatient Mental Health Services (includes virtual behavioral health visits)	100% after \$10 copay unlimited
Outpatient Substance Abuse Services	100% after \$10 copay unlimited
<b>Other Services</b>	
Allergy Extracts and Injections	100%
Autism Spectrum Disorder Including Applied Behavior Analysis (7)	100% Mandate covered
Assisted Fertilization Procedures (Limited to Artificial Insemination - 3 attempts per lifetime)	100%
Dental Services Related to Accidental Injury	100%
<b>Diagnostic Services</b>	
Advanced Imaging (MRI, CAT, PET scan, etc.)	100%
Basic Diagnostic Services (standard imaging, diagnostic medical, lab/pathology, allergy testing)	100%
Durable Medical Equipment and Supplies	100%
Orthotics	100%
Prosthetic Devices	100%
Home Health Care	100% after \$10 copay
Hospice	100% limit: 180 days/lifetime
Infertility Counseling, Testing and Treatment (8)	100%
Private Duty Nursing	not covered
Skilled Nursing Facility Care	100% limit: 60 days/benefit period
Transplant Services	100%
Precertification Requirements (9)	Yes
<b>Prescription Drugs</b>	
Prescription Drug Deductible Individual	none

Benefit	In Network
Family	none
Prescription Drug Program (10) Hard Mandatory Generic Covered by the National Pharmacy Network - Not Physician Network. Prescriptions filled at a non-network pharmacy are not covered.	<b>Retail Drugs (30-day Supply)</b> \$10 Formulary generic copay \$10 Non-Formulary generic copay \$20 Formulary brand copay \$35 Non-Formulary brand copay
Your plan uses the Comprehensive Formulary with an Incentive Benefit Design	<b>Maintenance Drugs through Mail Order (90-day Supply)</b> \$20 Formulary generic copay \$20 Non-Formulary generic copay \$40 Formulary brand copay \$105 Non-Formulary brand copay
Select Specialty Drugs are limited to a 31 day supply	

This is not a contract. This benefits summary presents plan highlights only. Please refer to the policy/ plan documents, as limitations and exclusions apply. The policy/ plan documents control in the event of a conflict with this benefits summary.

(1) Your group's benefit period is based on a Calendar Year which runs from January 1 to December 31.

(2) The Network Total Maximum Out-of-Pocket (TMOOP) is mandated by the federal government. TMOOP must include deductible, coinsurance, copays, prescription drug cost share and any qualified medical expense.

(3) Telemedicine Services (acute care for minor illnesses available on-demand 24/7), must be performed by a Highmark approved telemedicine vendor. Additional services provided by an approved telemedicine vendor are paid according to the benefit category that they fall under (e.g. PCP is eligible under the PCP office visit benefit, behavioral health is eligible under outpatient mental health).

(4) Services are limited to those listed on the Highmark Preventive Schedule with enhancements (Women's Health Preventive Schedule may apply).

(5) Benefits for Emergency Care Services rendered by an Out-of-Network Provider will be paid at the Network services level. Benefits for Hospital Services or Medical Care Services rendered by an Out-of-Network Provider to a member requiring an inpatient admission or observation immediately following receipt of Emergency Care Services will be paid at the Network services level. The member will not be responsible for any amounts billed by the Out-of-Network Provider that are in excess of the plan allowance for such services.

(6) Air Ambulance services rendered by out-of-network providers will be covered at the highest network tier level of benefits

(7) Diagnostic assessment to diagnose Autism Spectrum Disorders may be performed by a licensed physician, licensed physician assistant, licensed psychologist or certified registered nurse practitioner. Diagnostic assessments performed by a licensed physician, licensed physician assistant or certified registered nurse practitioner will be covered as specified in the Office Visit benefit category.

Diagnostic assessments performed by a licensed psychologist will be covered as specified in the Mental Health Care Services- Outpatient benefit category. Applied Behavioral Analysis for the treatment of Autism Spectrum Disorders will be covered as specified above. All other Covered Services for the treatment of Autism Spectrum Disorders will be covered according to the benefit category (e.g. speech therapy, diagnostic services). Services for the treatment of Autism Spectrum Disorders do not reduce visit/day limits.

(8) Treatment includes coverage for the correction of a physical or medical problem associated with infertility. Infertility drug therapy may or may not be covered depending on your group's prescription drug program.

(9) If you receive services from an out-of-area provider or an out-of-network provider, you must contact Highmark Utilization Management prior to a planned inpatient admission, prior to receiving certain outpatient services or within 48 hours of an emergency or unplanned inpatient admission to obtain any required precertification. If precertification is not obtained and it is later determined that all or part of the services received were not medically necessary or appropriate, you will be responsible for the payment of any costs not covered by your health plan.

(10) The Highmark formulary is an extensive list of Food and Drug Administration (FDA) approved prescription drugs selected for their quality, safety and effectiveness. The formulary was developed by Highmark Pharmacy Services and approved by the Highmark Pharmacy and Therapeutics Committee made up of clinical pharmacists and physicians. All plan formularies include products in every major therapeutic category. Plan formularies vary by the number of different drugs they cover and in the cost-sharing requirements. Your program includes coverage for both formulary and non-formulary drugs at the copayment or coinsurance amounts listed above. Under the hard mandatory generic provision, when you purchase a brand drug that has a generic equivalent, you will be responsible for the brand drug copayment plus the difference in cost between the brand and generic drugs. Your plan requires that you use Accredo specialty pharmacy for select specialty medications.

Health benefits or health benefit administration may be provided by or through Highmark Blue Cross Blue Shield, First Priority Health or First Priority Life, all of which are independent licensees of the Blue Cross Blue Shield Association.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_



## EPIC Borough of Troy – BlueCare HMO

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Prescription Drug Deductible Individual	none

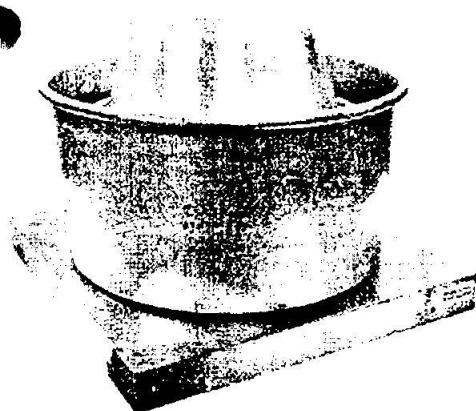
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Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_



## Upblast Exhauster: Direct Drive, Includes Drive Pack, 9 in Wheel, 525 cfm, 1/12 hp, 115/230V AC

Item 801MT8 Mfr. Model ALX090UD

Your Price

\$935.49 / each

1 Qty

Add to Cart

Setup Auto Reorder

Ship

Pickup

Ships from supplier. Expected to arrive Tue. Jul 30 - Thu. Aug 01.

Ship to 10001

Shipping Weight **42 lbs**

Ship Availability Terms

Add to List

Product Image Feedback

Compare

### Product Details

Category Page N/A

Brand **CANARM**

For Air-type Clean Air

Drive Type Direct Drive

Assembly Assembled

Includes Drive Package with Motor Yes

Wheel Diameter 9 in

Exhaust Airflow at 0.000 in SP 525 cfm

Exhaust Airflow at 0.250 in SP 425 cfm

Exhaust Airflow at 0.500 in SP 340 cfm

Maximum Static Pressure 1/2 in wc

Nominal Voltage 115/230V AC

Phase 1

Frequency 50/60 Hz

Electrical Connection Wire Leads

Motor Horsepower 1/12 hp

Number of Speeds Variable

Shaft Type Backward Inclined

Wheel Material Aluminum

Impeller Material Aluminum

### Compliance & Restrictions

This item is restricted for international sale.

**WARNING: Cancer and Reproductive Harm - www.P65Warnings.ca.gov**

### Documents

Product Manual

Sell Sheet

Chat with an Agent

## Housing Material Fabrication **Spun**

Base Plate **Square**

Base Length **2 in**

Base Width **19 in**

Base Height **19 in**

Overall Height **14-1/4 in**

Overall Width **17-3/4 in**

Mounting Location **Roof and Wall**

Mount Type **Roof Curb**

Weight **30 lb**

Applies to **Commercial Buildings; Offices; Restaurants; Warehouses**

Standards **UL 705**

Features

**On-Board Speed Adjustment Allows Simple Setup and Balancing with LED Display;  
Quick Release Latches for Easy Motor Access**

UNCPSC **0**

Country of Origin **Canada (subject to change)**

 **Product Description**

Kitchen air direct-drive fans help to ventilate a kitchen or similar environment with grease-laden or humid air. They feature a propeller that's directly mounted on the motor shaft. This reduces friction and improves efficiency when compared to a belt-drive fan. Direct-drive fans also have fewer moving parts and typically require less maintenance than belt-drive fans. Fans intended for use with heavy grease feature steel propellers and housings which are easier to clean and are less reactive to cleaning chemicals.

 **Product Details Feedback**